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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: ERBE Elektromedizin GmbHApplication No./Patent No.: 10/595,682 Filed/Issue Date: May 4, 2006Titled: INSTRUMENT FOR PLASMA COAGULATION

ERBE Elektromedizin GmbH, a Corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest in;
2. an assignee of less than the entire right, title, and interest in
 (The extent (by percentage) of its ownership interest is _____ %); or
3. an assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above by virtue of either:
 - A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 017573,
 Frame 0624, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at
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3. From: _____ To: _____
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Additional documents in the chain of title are listed on a supplemental sheet(s).

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Alberto Loffo Reg. No. 31,063 February 3, 2009
 Signature Date

Gianni Minutoli Attorney for Assignee
 Printed or Typed Name Title

REVOCATION OF
PRIOR POWER OF ATTORNEY
AND APPOINTMENT OF
NEW ATTORNEY

| | |
|----------------------|-----------------------------------|
| Application Number | 10/595,682 |
| Filing Date | May 4, 2006 |
| First Named Inventor | Uwe Schnitzler |
| Title | INSTRUMENT FOR PLASMA COAGULATION |
| Group Art Unit | n/a |
| Examiner Name | n/a |
| Attorney Docket No. | E7900.2041/P2041 |

I hereby revoke all powers of attorney previously granted and hereby appoint:

| | | | |
|--|---------------------------------|---|----------------------|
| <input checked="" type="checkbox"/> Practitioners at Customer Number | 24998 <i>Customer Number</i> | → | <input type="text"/> |
| OR | | | |
| <input type="checkbox"/> Practitioner(s) named below: | <i>Customer Number Bar Code</i> | | |

| Name | Registration Number | Name | Registration Number |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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|--|---------------------------------|---|----------------------|
| <input type="checkbox"/> The above-mentioned Customer Number. | <input type="text"/> | → | <input type="text"/> |
| OR | | | |
| <input checked="" type="checkbox"/> Practitioners at Customer Number | 24998 <i>Customer Number</i> | → | <input type="text"/> |
| <i>Customer Number Bar Code</i> | | | |

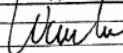
| | |
|--|--|
| <input type="checkbox"/> Firm or Individual Name | Gianni Minutoli DICKSTEIN SHAPIRO LLP |
|--|--|

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| Address | 1825 Eye Street, NW | | | |
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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|---|
| Name | Christian Erbe |
| Signature |  |
| Date | 09/27/07 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

| | | |
|------------------------------------|---|----------------------|
| <input type="checkbox"/> *Total of | 1 | forms are submitted. |
|------------------------------------|---|----------------------|